| Debtor 1 | Robert M Woolfo | lk | | |
|---------------------|--------------------------|--------------------|-------------|------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Lisa M Polk-Woo | lfolk | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | DF MICHIGAN | |
| Case number | 18-53850 | | | |
| (if known) | | | | Check if this is an amended filing |
| | | | | |

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 12,705.50 1c. Copy line 63, Total of all property on Schedule A/B..... 12,705.50 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 0.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 2,200.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 174,273.77 Your total liabilities 176,473.77 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 4,152.54 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 4,148.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

What kind of debt do you have?

Case number (if known) 18-53850

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,782.74

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Port 4 on Cohodula E/F name the following. | Total | claim |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 2,200.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 126,596.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 128,796.00 |

| Fill in | this inf | ormation to identify you | r case and this filing. | | |
|----------------------------------|--|--|--|---|---|
| Debtor | | Robert M Woolf | | | |
| Debtoi | • | First Name | Middle Name Last Name | | |
| Debtor (Spouse, | | Lisa M Polk-Wo | DIFOIK Middle Name Last Name | | |
| United | States | Bankruptcy Court for the: | EASTERN DISTRICT OF MICHIGAN | | |
| Case r | number | 18-53850 | | | ☐ Check if this is an |
| | | | | | amended filing |
| O ((; | | 4004/5 | | | |
| _ | | orm 106A/B | | | |
| Sch | <u>iedt</u> | ıle A/B: Pro | perty | | 12/15 |
| think it f informat Answer | fits best. tion. If m every qu | Be as complete and accurate space is needed, attace testion. | be items. List an asset only once. If an asset fits in more thar ate as possible. If two married people are filing together, both a separate sheet to this form. On the top of any additional p | n are equally responsible for s ages, write your name and ca | upplying correct |
| Part 1: | Descri | be Each Residence, Buildir | g, Land, or Other Real Estate You Own or Have an Interest In | | |
| 1. Do y o | ou own o | or have any legal or equital | le interest in any residence, building, land, or similar property | y? | |
| ■ No | o. Go to F | Part 2. | | | |
| ☐ Ye | es. Wher | e is the property? | | | |
| Part 2: | Descri | be Your Vehicles | | | |
| □ No | _ | | | | |
| | Make: Model: | Buick Lesabre | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any secu | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. |
| | Year: | 2001 | Debtor 2 only | Current value of the | Current value of the |
| | | nate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Г | Other inf | ormation: | ☐ At least one of the debtors and another | | |
| | | | Check if this is community property (see instructions) | \$3,500.00 | \$3,500.00 |
| Exam No Ye Add pag | nples: B o es d the do les you Descril | oats, trailers, motors, per ollar value of the portion have attached for Part to be Your Personal and Hou | ATVs and other recreational vehicles, other vehicles, a sonal watercraft, fishing vessels, snowmobiles, motorcycle you own for all of your entries from Part 2, including a write that number here | accessories | \$3,500.00 Current value of the |
| | | | | | portion you own? Do not deduct secured claims or exemptions. |

| | btor 1 btor 2 | Robert M Wo Lisa M Polk- | | | Case number | (if known) | 18-53850 |
|-----|---------------------------|--|---|--|------------------------------------|-------------|--------------------------------|
| I | <i>Exampl</i> □ No | old goods and follows: Major applian Describe | | s, china, kitchenware | | | |
| | | | Furniture | | |] | \$4,000.00 |
| I | □ No | les: Televisions a | | deo, stereo, and digital equipment media players, games | ; computers, printers, scanners | s; music co | ollections; electronic devices |
| | | | Electronics | | |] | \$2,000.00 |
| ı | Exampl ■ No | | figurines; paintings ons, memorabilia, c | , prints, or other artwork; books, p ollectibles | ictures, or other art objects; sta | amp, coin, | or baseball card collections; |
| ı | Exampl No | nent for sports ar les: Sports, photo musical instru Describe | graphic, exercise, a | and other hobby equipment; bicycl | es, pool tables, golf clubs, skis | ; canoes a | and kayaks; carpentry tools; |
| ļ | No | | s, shotguns, ammu | nition, and related equipment | | | |
| I | □ No [′] | | othes, furs, leather | coats, designer wear, shoes, acce | essories | | |
| | | | Clothing | | |] | \$400.00 |
| [| □ No · | r y ples: Everyday jev Describe | welry, costume jew | elry, engagement rings, wedding r | ings, heirloom jewelry, watche: | s, gems, g | old, silver |
| | | | Jewelry | | |] | \$500.00 |
| I | Exam _l ■ No | arm animals ples: Dogs, cats, I | birds, horses | | | | |
| ı | No | ther personal and | | s you did not already list, includ | ling any health aids you did r | not list | |
| ı | ∟ res. | Give specific into | omation | | | 1 | |
| 15. | | | | es from Part 3, including any en | | ched | \$6,900.00 |

Schedule A/B: Property

Official Form 106A/B

| Debtor 1 Debtor 2 | Robert M Woolfol Lisa M Polk-Wool | | Case number (if known, | 18-53850 |
|------------------------------------|---|---------------------------------------|--|---|
| Part 4: De | escribe Your Financial As | sets | | |
| | | r equitable interest in an | y of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | | n your wallet, in your home | e, in a safe deposit box, and on hand when you file your peti | tion |
| | | | Cash | \$35.00 |
| Exam _l □ No | institutions. If you | | ts; certificates of deposit; shares in credit unions, brokerage th the same institution, list each. | houses, and other similar |
| ■ Yes. | | | Institution name: | |
| | 17. | Checking \$5.00, 1. Savings \$5.00 | PNC Bank | \$10.00 |
| | | | | |
| | 17. | 2. Savings | One Detroit Credit Union | \$5.00 |
| Exam _l ■ No | s, mutual funds, or puk ples: Bond funds, invest | | rage firms, money market accounts | |
| - | ublicly traded stock an venture | nd interests in incorpora | ted and unincorporated businesses, including an intere | st in an LLC, partnership, and |
| ☐ Yes. | | on about them Name of entity: | % of ownership: | |
| Negot | <i>tiable instrument</i> s includ | e personal checks, cashie | ble and non-negotiable instruments rs' checks, promissory notes, and money orders. fer to someone by signing or delivering them. | |
| | Give specific information | on about them ssuer name: | | |
| | ment or pension accorples: Interests in IRA, E | | (b), thrift savings accounts, or other pension or profit-sharing | g plans |
| | List each account sepa Typ | rately. be of account: | Institution name: | |
| Your s | | sits you have made so the | at you may continue service or use from a company olic utilities (electric, gas, water), telecommunications compa | anies, or others |
| _ | | | Institution name or individual: | |
| | | | Friendship Forest Park Village | \$455.50 |
| 23. Annuit ■ No □ Yes | | riodic payment of money to | o you, either for life or for a number of years) | |

| | ebtor 1 ebtor 2 | Robert M Woolfolk Lisa M Polk-Woolfolk | | Case number (if known) | 18-53850 |
|-----|--------------------|---|--|--|---|
| 24. | 26 U.S.C | s in an education IRA, in an acc C. §§ 530(b)(1), 529A(b), and 529 | ount in a qualified ABLE program, or un b)(1). | der a qualified state tuition prog | ram. |
| | ■ No □ Yes | Institution name and | d description. Separately file the records of | any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, | equitable or future interests in | property (other than anything listed in li | ne 1), and rights or powers exer | cisable for your benefit |
| | | Give specific information about th | em | | |
| 26. | | | secrets, and other intellectual property ites, proceeds from royalties and licensing | agreements | |
| | _ | Give specific information about th | em | | |
| 27. | | es, franchises, and other generales: Building permits, exclusive lic | Il intangibles enses, cooperative association holdings, lic | quor licenses, professional licenses | 6 |
| | | Give specific information about th | em | | |
| M | oney or p | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | □ No | unds owed to you Give specific information about the | em, including whether you already filed the | returns and the tax years | |
| | | | Anticipated 2018 Tax Returns Pro Rated | Federal & State | \$1,800.00 |
| 29. | ■ No | | /, spousal support, child support, maintena | nce, divorce settlement, property s | ettlement |
| 30. | Exampl | mounts someone owes you les: Unpaid wages, disability insur benefits; unpaid loans you ma | ance payments, disability benefits, sick payade to someone else | /, vacation pay, workers' compens | sation, Social Security |
| | ■ No □ Yes. | Give specific information | | | |
| 31. | | s in insurance policies les: Health, disability, or life insura | nnce; health savings account (HSA); credit, | homeowner's, or renter's insurance | e |
| | | Name the insurance company of e Company n | | Beneficiary: | Surrender or refund value: |
| 32. | If you a | erest in property that is due you re the beneficiary of a living trust, ne has died. | from someone who has died expect proceeds from a life insurance police | cy, or are currently entitled to recei | ve property because |
| | ■ No □ Yes. | Give specific information | | | |
| 33. | _Exampl | | r not you have filed a lawsuit or made a tes, insurance claims, or rights to sue | demand for payment | |
| | ■ No □ Yes. I | Describe each claim | | | |
| | 50. 1 | | | | |

| | tor 1 Robert M Woo tor 2 Lisa M Polk-W | | | Case number (if known) | 18-53850 |
|--------------|---|--|------------------------------|-----------------------------|-------------------------|
| 34. (| Other contingent and un | liquidated claims of every nature, incl | uding counterclaims | of the debtor and rights to | set off claims |
| | No | | | | |
| | Yes. Describe each clai | m | | | |
| 35. <i>I</i> | Any financial assets you | did not already list | | | |
| | No | | | | |
| | Yes. Give specific inform | nation | | | |
| 36. | | all of your entries from Part 4, includi | | ges you have attached | \$2,305.50 |
| Part | 5: Describe Any Business | -Related Property You Own or Have an Inte | erest In. List any real esta | ate in Part 1. | |
| | | Il or equitable interest in any business-rela | ted property? | | |
| | No. Go to Part 6. | | | | |
| | Yes. Go to line 38. | | | | |
| Part | | d Commercial Fishing-Related Property You erest in farmland, list it in Part 1. | u Own or Have an Interes | st In. | |
| 16. [| Do you own or have any | legal or equitable interest in any farm | - or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | | |
| | ☐ Yes. Go to line 47. | | | | |
| | | | | | |
| Part | 7: Describe All Prope | rty You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| • | | rty of any kind you did not already list, country club membership | 1? | | |
| 54. | Add the dollar value of | all of your entries from Part 7. Write th | nat number here | | \$0.00 |
| | | · | | | |
| Part | 8: List the Totals of Ea | ch Part of this Form | | | |
| 55. | Part 1: Total real estate | , line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, I | ne 5 | \$3,500.00 | | |
| 57. | Part 3: Total personal a | nd household items, line 15 | \$6,900.00 | | |
| 58. | Part 4: Total financial a | ssets, line 36 | \$2,305.50 | | |
| 59. | Part 5: Total business- | elated property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and | fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other prop | | \$0.00 | | |
| | Total managed managed | erty not listed, line 54 | | | |
| 62. | i otai personai property | erty not listed, line 54 . Add lines 56 through 61 | \$12,705.50 | Copy personal property t | otal \$12,705.50 |

| Fill in this info | rmation to identify your | case: | | |
|---------------------|---------------------------|--------------------|-------------|------------------------------------|
| Debtor 1 | Robert M Woolfol | k | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | EASTERN DISTRICT O | PF MICHIGAN | |
| Case number | 18-53850 | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

Which got of examptions are you plaining? Check are only even if your energy is filling with you

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt | | | |
|---|---------|---|--|
| | Part 1: | Identify the Property You Claim as Exempt | |

| ٠. | willow set of exemptions are you oluming | 1. Officer offic offiny, eve | ii ii yo | our spouse is ming with you. | |
|----|--|--------------------------------------|----------|---|------------------------------------|
| | ☐ You are claiming state and federal nonbar | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/E | Sthat you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| De | ebtor 1 Exemptions | | | | |
| | Furniture Line from Schedule A/B: 6.1 | \$4,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) |
| | Zino nom osmodalo 702. GT | | | 100% of fair market value, up to any applicable statutory limit | |
| | Electronics Line from Schedule A/B: 7.1 | \$2,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line Irom Schedule Arb. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Clothing Line from Schedule A/B: 11.1 | \$400.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) |
| | Line Iron Schedule Adb. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Jewelry Line from Schedule A/B: 12.1 | \$500.00 | | \$250.00 | 11 U.S.C. § 522(d)(4) |
| | Line Iron Schedule PVD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Line from Schedule A/B: 16.1 | \$35.00 | | \$17.50 | 11 U.S.C. § 522(d)(5) |
| | Line Hom Schedule PVD. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 4

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|----|---|--------------------------------------|--------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Checking \$5.00, Savings \$5.00: PNC Bank | \$10.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: One Detroit Credit Union Line from Schedule A/B: 17.2 | \$5.00 | | \$2.50 | 11 U.S.C. § 522(d)(5) |
| | Ellie IIolii Schedule A.B. 11.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Friendship Forest Park Village Line from Schedule A/B: 22.1 | \$455.50 | | \$227.75 | 11 U.S.C. § 522(d)(5) |
| | Ellie Holli Genedale AV.B. ZZ. I | | | 100% of fair market value, up to any applicable statutory limit | |
| | Federal & State: Anticipated 2018 Tax | \$1,800.00 | | \$900.00 | 11 U.S.C. § 522(d)(5) |
| | Pro Rated Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 | | | ed on or after the date of adjustme | nt.) |
| | No | | | | |
| | Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | 215 days before you filed this case | ? |
| | □ No □ Yes | | | | |
| | – 103 | | | | |

| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|--------------------|------------|--------------------------------------|
| Debtor 1 | | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Lisa M Polk-Wool | lfolk | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | |
| Case number | 18-53850 | | | |
| (if known) | 10 00000 | | | ☐ Check if this is an amended filing |

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | |
|----|--|--------------------------------------|------|---|------------------------------------|--|--|
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | |
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | |
| De | ebtor 2 Exemptions 2001 Buick Lesabre Line from Schedule A/B: 3.1 | \$3,500.00 | | \$3,500.00 | 11 U.S.C. § 522(d)(2) | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Furniture Line from Schedule A/B: 6.1 | \$4,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Electronics Line from Schedule A/B: 7.1 | \$2,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Clothing Line from Schedule A/B: 11.1 | \$400.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Jewelry Line from Schedule A/B: 12.1 | \$500.00 | | \$250.00 | 11 U.S.C. § 522(d)(4) | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 4

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | The state of the s | | Specific laws that allow exemption |
|----|---|--------------------------------------|--|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Cash Line from Schedule A/B: 16.1 | \$35.00 | | \$17.50 | 11 U.S.C. § 522(d)(5) |
| | Zine nem ee/needie /v Zi. 1611 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking \$5.00, Savings \$5.00: PNC Bank | \$10.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: One Detroit Credit Union Line from Schedule A/B: 17.2 | \$5.00 | | \$2.50 | 11 U.S.C. § 522(d)(5) |
| | Line Irom Schedule AVD. 11-2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Friendship Forest Park Village Line from Schedule A/B: 22.1 | \$455.50 | | \$227.75 | 11 U.S.C. § 522(d)(5) |
| | Elle II of III of II of | | | 100% of fair market value, up to any applicable statutory limit | |
| | Federal & State: Anticipated 2018 Tax | \$1,800.00 | | \$900.00 | 11 U.S.C. § 522(d)(5) |
| | Pro Rated Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 | | | led on or after the date of adjustme | nt.) |
| | Yes. Did you acquire the property covere | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | ☐ Yes | | | | |
| | | | | | |

| Fill in this infor | mation to identify your | case: | | | |
|---|-------------------------|--------------------|------------|--|-----------------------|
| Debtor 1 | Robert M Woolfo | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F MICHIGAN | | |
| _ | 18-53850 | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| Debtor 1 Robert M Woolfolk | | | | | |
|--|--|--|--------------------------|--------------------------|-----------------------------|
| | liddle Name | Last Name | | | |
| bebtor 2 Lisa M Polk-Woolfolk pouse if, filing) First Name M | liddle Name | Last Name | | | |
| | ERN DISTRICT OF | E MICHICAN | | | |
| nited States Bankruptcy Court for the: EASTI | - KN DISTRICT OF | WICHIGAN | | | |
| ase number 18-53850 | | | | | |
| f known) | | | | _ | if this is an ded filing |
| | | | | amend | dea ming |
| fficial Form 106E/F | | | | | |
| chedule E/F: Creditors Who Ha | <u>ave Unsecu</u> | red Claims | | | 12/15 |
| hedule G: Executory Contracts and Unexpired Leas hedule D: Creditors Who Have Claims Secured by F t. Attach the Continuation Page to this page. If you me and case number (if known). List All of Your PRIORITY Unsecured | Property. If more spa have no information d Claims | ace is needed, copy the | Part you need, fill it o | ut, number the entries i | n the boxes on the |
| Do any creditors have priority unsecured claims | against you? | | | | |
| □ No. Go to Part 2. | | | | | |
| Yes. List all of your priority unsecured claims. If a cred | | | | | |
| Part 1. If more than one creditor holds a particular clear (For an explanation of each type of claim, see the ins | | | :.) Total claim | Priority amount | Nonpriority amount |
| 1 State of Michigan | Last 4 digits of | account number | \$2,200. | 92,200.00 | \$0.0 |
| Priority Creditor's Name Bankruptcy Unit PO Box 30168 Lansing, MI 48909 | When was the d | lebt incurred? | | | |
| Number Street City State Zlp Code | As of the date y | ou file, the claim is: Che | ck all that apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | | |
| Debtor 1 only | ☐ Unliquidated | | | | |
| ☐ Debtor 2 only | ☐ Disputed | | | | |
| ■ Debtor 1 and Debtor 2 only | | TY unsecured claim: | | | |
| \square At least one of the debtors and another | ☐ Domestic sup | oport obligations | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ertain other debts you owe eath or personal injury whil | = | | |
| ■ No | Other. Specify | ·у | | | - |
| ☐ Yes | | | | | |
| ☐ Yes | aurad Claims | | | | |
| ☐ Yes Part 2: List All of Your NONPRIORITY Unsec | | | | | |
| ☐ Yes Part 2: List All of Your NONPRIORITY Unsec | ims against you? | art with your other schedule | es. | | |
| Part 2: List All of Your NONPRIORITY Unsec | ims against you? | ırt with your other schedul | es. | | |

Total claim

| Debtor 2 | Robert M Woolfolk Lisa M Polk-Woolfolk | | Case number (if know) 18-53850 | | | | | |
|----------|---|--|--|-------------|--|--|--|--|
| | Ally Financial Nonpriority Creditor's Name | Last 4 digits of account number | 1878 | \$13,220.00 | | | | |
| | PO BOX 380901 Minneapolis, MN 55438-0901 | When was the debt incurred? | 07/2012 | | | | | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Automobile | • | | | | | |
| | Credit Acceptance Corp. | Last 4 digits of account number | 7971 | \$14,143.00 | | | | |
| | Nonpriority Creditor's Name PO BOX 5070 Southfield, MI 48086 | When was the debt incurred? | 03/2015 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | Obligations arising out of a separation agreement or divorce that you did not eport as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | on or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify Automobile | • | | | | | |
| | Credit Managment LP | Last 4 digits of account number | 6461 | \$227.00 | | | | |
| | Nonpriority Creditor's Name 4200 International Parkway Carrollton, TX 75007 | When was the debt incurred? | 05/2017 | | | | | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt | | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Comcast | | | | | | |

| Debtor Debtor | 1 Robert M Woolfolk 2 Lisa M Polk-Woolfolk | | Case number (if know) 18-53850 | |
|------------------|---|--|---|--------------|
| 4.4 | Credit One Bank | Last 4 digits of account number | 8270 | \$975.00 |
| | Nonpriority Creditor's Name Po Box 60500 City of Industry, CA 91716 | When was the debt incurred? | 02/2018 | _ |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Revolving | | _ |
| 4.5 | Enhanced Recovery Company Nonpriority Creditor's Name | Last 4 digits of account number | 6511 | \$1,152.00 |
| | 8014 Bayberry Road Jacksonville, FL 32256-7412 | When was the debt incurred? | 11/2016 | _ |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify AT & T | | _ |
| 4.6 | FedLoan Servicing | | Multiple | \$126,596.00 |
| 4.6 | Nonpriority Creditor's Name | Last 4 digits of account number | Accounts | Ψ120,390.00 |
| | PO BOX 69184 Harrisburg, PA 17106 | When was the debt incurred? | | _ |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Installment | <u> </u> | _ |

| | 1 Robert M Woolfolk 2 Lisa M Polk-Woolfolk | | Case number (if know)18-53850 | | | | |
|-----|--|--|---|----------|--|--|--|
| 4.7 | First Premier | Last 4 digits of account number | 2148 | \$448.00 | | | |
| | Nonpriority Creditor's Name 3820 N Louise Ave Sioux Falls, SD 57107-0145 | When was the debt incurred? | 11/2012 | _ | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did no | t | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Revolving | | _ | | | |
| 4.8 | First Premier | Last 4 digits of account number | 0101 | \$909.00 | | | |
| | Nonpriority Creditor's Name 3820 N Louise Ave Sioux Falls, SD 57107-0145 | When was the debt incurred? | 06/2012 | _ | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | Debtor 1 only | Пол | | | | | |
| | Debtor 2 only | ☐ Contingent | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | <u></u> | ration agreement or divorce that you did no | t | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | naring plans, and other similar debts | | | | |
| | □ Yes | Other. Specify Revolving | | _ | | | |
| 4.9 | IC System, INC | Last 4 digits of account number | 7306 | \$868.00 | | | |
| | Nonpriority Creditor's Name P.O. BOX 64378 | When was the debt incurred? | 05/2017 | <u> </u> | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did no | t | | | |
| | No | report as priority claims Debts to pension or profit-sharir | g plans, and other similar debts | | | | |
| | ■ No □ Yes | · | g plane, and other similar debts | | | | |
| | LI TES | Other. Specify AT & T | | _ | | | |

| 1 Robert M Woolfolk 2 Lisa M Polk-Woolfolk | | Case number (if know) | 18-53850 | |
|---|--|----------------------------------|----------------|----------|
| Jefferson Capital System | Last 4 digits of account number | 8912 | | \$2,958. |
| Nonpriority Creditor's Name 16 Mcleland Rd Saint Cloud, MN 56303 | When was the debt incurred? | 02/2016 | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | _ | | | |
| Debtor 1 only | Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| \square Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separations | aration agreement or divorce th | at you did not | |
| Is the claim subject to offset? | report as priority claims | - | · | |
| No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debt | S | |
| Yes | Other. Specify Verizon | | | |
| LVNV Funding | Last 4 digits of account number | 1505 | | \$146 |
| Nonpriority Creditor's Name 200 Meeting Street, Ste #206 | When was the debt incurred? | 10/2016 | | <u> </u> |
| Charleston, SC 29401 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | As of the date you me, the dam | is. Oncor all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce th | at you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debt | S | |
| Yes | ■ Other. Specify | | | |
| Merchants Prefer | Last 4 digits of account number | 7659 | | \$1,438 |
| Nonpriority Creditor's Name 5500 Interstate North Parkway Suite 350 | When was the debt incurred? | | | |
| Atlanta, GA 30328 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | | | | |
| Debtor 2 only | ☐ Contingent | | | |
| | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | Disputed | d alaim. | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | u cialm: | | |
| ☐ Check if this claim is for a community debt | _ | protion agreement or diver th | at you did not | |
| Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce th | ai you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debt | S | |
| ☐ Yes | <u> </u> | | | |
| _ 100 | Other. Specify | | | |

| Lisa M Polk-Woolfolk | | Case number (if know) | 18-53850 | |
|---|--|---------------------------------|----------------|-------------|
| Portfolio Recovery Services | Last 4 digits of account number | 5934 | | \$62 |
| Nonpriority Creditor's Name 120 Corporate Boulevard | When was the debt incurred? | 08/2015 | | |
| Norfolk, VA 23502 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | Student loans | . olami. | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce the | at you did not | |
| ■ No | Debts to pension or profit-sharir | g plans, and other similar debt | S | |
| ☐ Yes | ■ Other Specify Sterling Je | welers | | |
| Double December Commisses | | 1874 | | \$5 |
| Portfolio Recovery Services Nonpriority Creditor's Name | Last 4 digits of account number | | | Ф О. |
| 120 Corporate Boulevard Norfolk, VA 23502 | When was the debt incurred? | 05/2015 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | □ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce th | at you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debt | S | |
| ☐ Yes | Other. Specify HSBC Bank | (| | |
| Portfolio Recovery Services | Last 4 digits of account number | 9624 | | \$93 |
| Nonpriority Creditor's Name 120 Corporate Boulevard | When was the debt incurred? | 05/2015 | | |
| Norfolk, VA 23502 Number Street City State Zlp Code | As of the date you file, the claim | in Chaok all that apply | | |
| Who incurred the debt? Check one. | As of the date you me, the claim | s. Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce th | at you did not | |
| ■ No | Debts to pension or profit-sharir | g plans, and other similar debt | S | |
| — INC | - Dobto to porision of profit-stialii | y plane, and other similar debt | - | |

| | 1 Robert M 2 Lisa M P | l Woolfolk olk-Woolfolk | | Case | number (if know) | 18-53850 | |
|----------------------|----------------------------------|---------------------------------|--|-----------|----------------------|------------------------|------------------------|
| 4.1 | | ıto Finance | Last 4 digits of account number | 2546 | S | _ | \$8,676.00 |
| | Nonpriority Cre PO Box 970 | 00 | When was the debt incurred? | 01/2 | 014 | | |
| | Wyoming, | MI 49509 City State Zlp Code | As of the date you file, the claim | is: Chac | k all that apply | | |
| | | the debt? Check one. | 7.6 of the date you me, the diam | 10. 01100 | in that apply | | |
| | Debtor 1 on | ly | ☐ Contingent | | | | |
| | ■ Debtor 2 on | ılv | ☐ Unliquidated | | | | |
| | | d Debtor 2 only | ☐ Disputed | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | _ | is claim is for a community | ☐ Student loans | | | | |
| | debt | · | ☐ Obligations arising out of a sepa | aration a | greement or divorce | that you did not | |
| | _ | ıbject to offset? | report as priority claims | | | | |
| | ■ No | | Debts to pension or profit-sharin | • | and other similar de | ebts | |
| | ☐ Yes | | Other. Specify Automobile | e | | | |
| 4.1 | Swiss Colo | ony | Last 4 digits of account number | 1538 | 3 | | \$421.00 |
| | Nonpriority Cre | | | | | | <u> </u> |
| | 1112 7th A | | When was the debt incurred? | 06/2 | 011 | | |
| | Monroe, W Number Street | City State Zlp Code | As of the date you file, the claim | is: Chec | k all that apply | | |
| | | the debt? Check one. | , | | | | |
| | Debtor 1 on | ly | ☐ Contingent | | | | |
| | ■ Debtor 2 on | ly | ☐ Unliquidated | | | | |
| | Debtor 1 an | d Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if th | is claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim su | ubject to offset? | Obligations arising out of a separeport as priority claims | aration a | greement or divorce | that you did not | |
| | ■ No | | ☐ Debts to pension or profit-sharing | ng plans, | and other similar de | ebts | |
| | ☐ Yes | | ■ Other. Specify Revolving | | | | |
| | | | | | | | |
| Part 3: 5. Use th | is page only if | you have others to be notified | ebt That You Already Listed about your bankruptcy, for a debt that your bankruptcy. | you alrea | ady listed in Parts | 1 or 2. For example, | if a collection agency |
| have r | nore than one | | at you listed in Parts 1 or 2, list the add | | | | |
| | nd Address | | On which entry in Part 1 or Part 2 did you | _ | - | | |
| 12802 | | rossing Blvd | | | | ity Unsecured Claims | |
| | el, IN 46032 | locomy biva | | Part 2: | Creditors with Nonp | oriority Unsecured Cla | ims |
| | | | Last 4 digits of account number | | | | |
| | nd Address | | On which entry in Part 1 or Part 2 did you | | • | | |
| JD By 5050 S | riuei S Saginaw R | ≀d | | | | ity Unsecured Claims | |
| | VII 48507 | | | ■ Part 2: | Creditors with Nonp | oriority Unsecured Cla | ims |
| | | | Last 4 digits of account number | | | | |
| Part 4: | | mounts for Each Type of U | | | | | |
| | the amounts of f unsecured cl | | aims. This information is for statistical r | eporting | g purposes only. 28 | 8 U.S.C. §159. Add th | e amounts for each |
| | | . | | _ | | Claim | |
| 7 | 6а. Г otal | Domestic support obligation | IS . | 6a. | \$ | 0.00 | |
| cla | aims | | | 01 | | | |
| from P | art 1 6b. | Taxes and certain other debt | s you owe the government | 6b. | \$ | 2,200.00 | |
| Official Fo | orm 106 E/F | Sche | dule E/F: Creditors Who Have Unsecure | ed Claim | ıs | | Page 7 of |

Page 7 of 8

| | | Woolfolk olk-Woolfolk | Case r | number (if know) | 18-53850 |
|---------------------|-----|---|--------|------------------|------------|
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 2,200.00 |
| | | | | Total | I Claim |
| Total | 6f. | Student loans | 6f. | \$ | 126,596.00 |
| claims om Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | | | |
| OIII Fait 2 | og. | you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 47,677.77 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 174.273.77 |

| Fill in this infor | rmation to identify your | case: | | | |
|---|--------------------------|--------------------|------------|---|------------------------------------|
| Debtor 1 | | | | | |
| | First Name | Middle Name | Last Name | - | |
| Debtor 2 | Lisa M Polk-Woo | lfolk | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F MICHIGAN | | |
| Case number | 18-53850 | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Friendship Forest Park Village 3670 Chrysler Drive Detroit, MI 48207

Landlord

| | s information to identify your | | | | |
|--|---|---|---|--|----------------|
| Debtor 1 | Robert M Woolfo | Middle Name | Last Name | | |
| Debtor 2 | Lisa M Polk-Woo | | Last Name | | |
| (Spouse if, fili | | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT | OF MICHIGAN | | |
| Case num | nber 18-53850 | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| Codebtors beople are ill it out, a | e filing together, both are equ | re also liable for any de ally responsible for sup boxes on the left. Attac | oplying correct information the Additional Page (| 12/1 as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Pate to this page. On the top of any Additional Pages, write | ıge, |
| 1. Do | you have any codebtors? (If | you are filing a joint case | , do not list either spouse | e as a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | S | | | | |
| Arizon | thin the last 8 years, have you na, California, Idaho, Louisiana . Go to line 3. s. Did your spouse, former spo | , Nevada, New Mexico, P | uerto Rico, Texas, Wash | ry? (Community property states and territories include ington, and Wisconsin.) | |
| in line Form out C | e 2 again as a codebtor only | f that person is a guara | ntor or cosigner. Make | r if your spouse is filing with you. List the person she sure you have listed the creditor on Schedule D (Off D6G). Use Schedule D, Schedule E/F, or Schedule G to Column 2: The creditor to whom you owe the de | icia to fil |
| | Name, Number, Street, City, State and Z | IP Code | | Check all schedules that apply: | |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street City | State | ZIP Code | _ | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line | |
| - | Number Street City | State | ZIP Code | _ | |

| | in this information totor 1 | Robert M W | | | | | | | |
|-------------|--|---|--|-----------------------|------------------------------|---|---------------------------|------------------------|---------|
| | otor 2 | Lisa M Polk | | | | | | | |
| ` ' | • | otcy Court for the | : EASTERN DISTRICT | OF MICHIGAN | | | | | |
| Cas | · | -53850 | | | | | ed filing nent showing | g postpetition c | chapter |
| 0 | fficial Form | 1061 | | | | MM / DD/ | | oug dato. | |
| S | chedule I: | Your Inc | ome | | | 7 2 27 | | | 12/15 |
| spo atta | use. If you are sep ch a separate she tt 1: Describ | parated and you et to this form. | are married and not filing wing spouse is not filing wing wing the top of any additions. | th you, do not inclu | ide informati | ion about your sp | ouse. If mo | re space is n | eeded, |
| 1. | Fill in your empl information. | loyment | | Debtor 1 | | Debtor | 2 or non-fil | ing spouse | |
| | If you have more than one job, attach a separate page with | | Employment status | ☐ Employed | | | loyed | | |
| | information about additional employers. | | ■ Not employed | | ☐ Not | employed | | | |
| | Include part-time, | . seasonal. or | Occupation | Unemployed | | Labore | er | | |
| | self-employed wo | | Employer's name | | | UltiPro |) | | |
| | | Occupation may include student or homemaker, if it applies. | | | 55 E J Suite ² | Gateway Foundation Inc 55 E Jackson Suite 1500 Chicago, IL 60604 | | | |
| Par | rt 2: Give De | etails About Mo | How long employed the | here? | | | 5 Months | | |
| Esti | | ome as of the d | ate you file this form. If | you have nothing to r | eport for any | line, write \$0 in th | e space. Inc | lude your non- | filing |
| | ou or your non-filing e space, attach a so | | ore than one employer, co | ombine the informatio | on for all emp | loyers for that pers | on on the lir | nes below. If yo | ou need |
| | | | | | | For Debtor 1 | | otor 2 or ng spouse | |
| 2. | | | ry, and commissions (becalculate what the month) | | 2. \$ | 0.00 | \$ | 4,782.74 | |
| 3. | Estimate and lis | t monthly overt | ime pay. | | 3. +\$ | 0.00 | +\$ | 0.00 | |

4. **Calculate gross Income.** Add line 2 + line 3.

4. \$ **0.00**

\$ 4,782.74

Debtor 1 Robert M Woolfolk
Lisa M Polk-Woolfolk

Case number (if known)

18-53850

| | | | For | Debtor 1 | | otor 2 or ng spouse | |
|-----|--|------------|-------------|------------|-------------------|------------------------|----------|
| | Copy line 4 here | 4. | \$ | 0.00 | \$ | 4,782.74 | |
| 5. | List all payroll deductions: | | | | | | |
| ٥. | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | 604.83 | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | 0.00 | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | \$ | 0.00 | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | |
| | 5e. Insurance | 5e. | \$ | 0.00 | \$ | 25.37 | |
| | 5f. Domestic support obligations | 5f. | \$_ | 0.00 | \$ | 0.00 | |
| | 5g. Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| | 5h. Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 6. | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.00 | \$ | 630.20 | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | 4,152.54 | |
| 8. | List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends | 8a. 8b. | \$_ \$ | 0.00 | \$ | 0.00 | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependen | | *- | 0.00 | | 0.00 | |
| | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation | 8c. 8d. | \$ | 0.00 | \$ | 0.00 | |
| | 8e. Social Security | 8e. | \$ — | 0.00 | \$ | 0.00 | |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. Pension or retirement income | 8g. | \$_ | 0.00 | \$ | 0.00 | |
| | 8h. Other monthly income. Specify: | 8h.+ | * \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 0.00 + \$_ | 4,152 | .54 = \$ | 4,152.54 |
| 11. | State all other regular contributions to the expenses that you list in <i>Schedul</i> Include contributions from an unmarried partner, members of your household, you other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not Specify: | r depen | | | ed in <i>Sche</i> | edule J. 11. +\$ | 0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The re Write that amount on the Summary of Schedules and Statistical Summary of Certa applies | | | | if it | 12. \$ | |
| 13. | Do you expect an increase or decrease within the year after you file this form ■ No. ☐ Yes. Explain: | 1? | | | | onany | ome |

| Sill | in this information to identify your case: | | | | |
|-----------|---|-----------------------|----------------------|-------------------|---|
| | otor 1 Robert M Woolfolk | | Chack | ; if this is: | |
| | RODEIT IN WOOHOIK | | | an amended filing | |
| | otor 2 Lisa M Polk-Woolfolk buse, if filing) | | | | ving postpetition chapter the following date: |
| Unit | ed States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIG | AN | <u> </u> | MM / DD / YYYY | |
| | nown) 18-53850 | | | | |
| | fficial Form 106J | | | | |
| Be | chedule J: Your Expenses as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this finber (if known). Answer every question. | | | | |
| Par 1. | t 1: Describe Your Household Is this a joint case? | | | | |
| ١. | □ No. Go to line 2. | | | | |
| | Yes. Does Debtor 2 live in a separate household? | | | | |
| | ■ No □ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | for Separate House | <i>hold</i> of Debto | or 2. | |
| 2. | | | | | |
| ۷. | Do you have dependents? ☐ No Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Daughter | | 18 | Yes |
| | | Son | | 18 | □ No ■ Yes □ No |
| | | Son | | 24 | ■ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes | | | | |
| exp | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your senses as of a date after the bankruptcy is filed. If this is a suppolicable date. | | | | |
| the | lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106I.) | | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | e 4. \$ | | 775.00 |
| | If not included in line 4: | | | | |
| | | | | | |
| | 4a. Real estate taxes4b. Property, homeowner's, or renter's insurance | | 4a. \$ 4b. \$ | | 0.00 50.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4b. \$ | | 60.00 |
| | 4d. Homeowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your residence, such as hor | ne equity loans | 5. \$ | | 0.00 |

Schedule J: Your Expenses 18-53850-mar Doc 10 Filed 10/19/18 Entered 10/19/18 12:55:36 Page 25 of 41 Official Form 106J

page 1

| | | M Woolfolk Polk-Woolfolk | Case num | ber (if known) | 18-53850 |
|-----|-------------------------------------|---|--------------|----------------|-------------------------------|
| 6. | Utilities: | | | | |
| | | ty, heat, natural gas | 6a. | | 300.00 |
| | • | sewer, garbage collection | 6b. | · | 70.00 |
| | • | one, cell phone, Internet, satellite, and cable services | 6c. | · | 199.00 |
| _ | | Specify: Cable | 6d. | | 189.00 |
| 7. | | usekeeping supplies | 7. | · | 900.00 |
| 8. | | d children's education costs | 8. | · - | 0.00 |
| 9. | ٠, | ndry, and dry cleaning | 9. | · | 100.00 |
| | | e products and services dental expenses | 10. 11. | · | 120.00 |
| | | on. Include gas, maintenance, bus or train fare. | 11. | Φ | 220.00 |
| 12. | | car payments. | 12. | \$ | 325.00 |
| 13. | | t, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| | | ntributions and religious donations | 14. | | 150.00 |
| 15. | Insurance. | • | | | |
| | | insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insu | | 15a. | · . | 0.00 |
| | 15b. Health in | | 15b. | · | 0.00 |
| | 15c. Vehicle | | 15c. | · | 325.00 |
| | | surance. Specify: | 15d. | \$ | 0.00 |
| | Specify: | include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| 17. | | r lease payments: | 170 | ¢. | 0.00 |
| | | ments for Vehicle 1 | 17a. | · | 0.00 |
| | | ments for Vehicle 2 | 17b. | * | 0.00 |
| | 17c. Other. S | | 17c. 17d. | | 0.00 |
| 10 | 17d. Other. S | | | > | 0.00 |
| 18. | | ts of alimony, maintenance, and support that you did not report as n your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | | \$ | 0.00 |
| 19. | | nts you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | you make to cappet to more at hor more man you. | 19. | | 0.00 |
| 20. | . , | operty expenses not included in lines 4 or 5 of this form or on Scho | | our Income. | |
| | | jes on other property | 20a. | | 0.00 |
| | 20b. Real est | tate taxes | 20b. | \$ | 0.00 |
| | 20c. Property | y, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Mainten | ance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeov | wner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Other: Specify | /: Cigarettes | 21. | +\$ | 100.00 |
| | gym membe | | | +\$ | 25.00 |
| | cigarettes | r | | +\$ | 140.00 |
| 22 | | w manthly aymanaa | | | |
| 22. | • | ir monthly expenses | | • | 4.440.00 |
| | 22a. Add lines | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 4,148.00 |
| | | , | | · | |
| | 22c. Add line 2 | 22a and 22b. The result is your monthly expenses. | | \$ | 4,148.00 |
| 23. | Calculate you | r monthly net income. | | | |
| | 23a. Copy lin | ne 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,152.54 |
| | 23b. Copy yo | our monthly expenses from line 22c above. | 23b. | -\$ | 4,148.00 |
| | | • | | | , |
| | | t your monthly expenses from your monthly income. ult is your <i>monthly net income</i> . | 23c. | \$ | 4.54 |
| 24. | For example, do modification to the | et an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you ne terms of your mortgage? | | | ease or decrease because of a |
| | ■ No. | le | | | |
| | ☐ Yes. | Explain here: | | | |

Schedule J: Your Expenses 18-53850-mar Doc 10 Filed 10/19/18 Entered 10/19/18 12:55:36 Page 26 of 41

| Fill in this infor | rmation to identify your | case: | | | | | | | | |
|---------------------|-------------------------------|--------------------|------------|--------------------------------------|--|--|--|--|--|--|
| Debtor 1 | Robert M Woolfo | lk | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | | |
| Debtor 2 | Debtor 2 Lisa M Polk-Woolfolk | | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | | | | | | | |
| Case number | 18-53850 | | | | | | | | | |
| (if known) | 10 00000 | | | ☐ Check if this is an amended filing | | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | |
|----|---|-----------------------|--|
| Di | d you pay or agree to pay someone who is NO | T an attorney to help | you fill out bankruptcy forms? |
| | No | | |
| | Yes. Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | der penalty of perjury, I declare that I have read t they are true and correct. /s/ Robert M Woolfolk Robert M Woolfolk | d the summary and s | /s/ Lisa M Polk-Woolfolk |
| | Signature of Debtor 1 | | Lisa M Polk-Woolfolk Signature of Debtor 2 |
| | Date October 19, 2018 | | Date October 19, 2018 |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill | l in this infor | nation to identify you | r case: | | | |
|-------------|----------------------------|----------------------------------|---|---------------------------------------|--|-------------------------------------|
| De | btor 1 | Robert M Woolfd | olk | | | |
| | | First Name | Middle Name | Last Name | | |
| | btor 2 ouse if, filing) | Lisa M Polk-Woo | Middle Name | Last Name | | |
| l In | itad States Ba | inkruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | |
| 011 | ilea Glates Da | initiapitely Court for the. | ENGIERRA BIOTRIOT OF | WICH II G/ II V | | |
| | se number nown) | 18-53850 | | | ПС | hook if this is an |
| (11 K | nown) | | | | _ | heck if this is an mended filing |
| | | | | | | J Table |
| \bigcap f | ficial Fo | rm 107 | | | | |
| | | | Affaira far Individ | luala Eilina far D | onkruptov | 4/4.0 |
| | | | Affairs for Individ | | | 4/16 |
| | | | | | equally responsible for supp additional pages, write you | |
| | | n). Answer every ques | • | uns form. On the top of any | additional pages, write you | i name and case |
| Pa | rt 1: Give I | Details About Your Ma | arital Status and Where You | Lived Before | | |
| | | | | | | |
| 1. | What is you | r current marital statu | IS? | | | |
| | Married | I | | | | |
| | □ Not ma | rried | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than v | where you live now? | | |
| | _ | | · | • | | |
| | ■ No | - (- II - ((l) l | Seed Seether lead Occurred Decision | . Carlo da colo ana como Porto a como | | |
| | ☐ Yes. Lis | st all of the places you I | ived in the last 3 years. Do no | of include where you live now | | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 |
| | | | lived there | | | lived there |
| 3. stat | | | | | ity property state or territory co, Texas, Washington and W | |
| siai | es and territor | ies iliciade Alizolia, Ca | illorria, idario, Lodisiaria, ivev | vada, New Mexico, i deito iti | co, rexas, washington and w | 1300113111.) |
| | No | | | | | |
| | ☐ Yes. Ma | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Pa | rt 2 Expla | in the Sources of You | r Income | | | |
| | | | | | | |
| 4. | | | nployment or from operating u received from all jobs and a | | ear or the two previous calen | dar years? |
| | | , | have income that you receive | , 01 | | |
| | □ No | | | | | |
| | | I in the details. | | | | |
| | ■ 165. FII | i iii tile details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and | Sources of income Check all that apply. | Gross income (before deductions |
| | | | Oncor all that apply. | exclusions) | oncor an that apply. | and exclusions) |
| Fro | om January 1 | of current year until | ■ Wages, commissions, | \$5,207.01 | ■ Wages, commissions, | \$5,460.42 |
| | | ed for bankruptcy: | bonuses, tips | · - ,— · | bonuses, tips | ¥-,- - |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| | | | | Debtor 1 | | Debtor 2 | | | |
|----|--------------------------------|--|---|---|--|---|-----------------------------------|---|--|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that ap | | Gross income (before deductions and exclusions) | |
| | or last caler anuary 1 to | dar year: December | 31, 2017) | ■ Wages, commissions, bonuses, tips | \$72,167.00 | ☐ Wages, comm bonuses, tips | nissions, | \$0.00 | |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$39,796.00 | ☐ Wages, common bonuses, tips | nissions, | \$0.00 | |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | | |
| | and other winnings. List each | public bene If you are fil | iit payments; ng a joint cas he gross inco | er that income is taxable. Expensions; rental income; intere and you have income that you from each source separa | rest; dividends; money collect you received together, list it c | ted from lawsuits; ronly once under Deb | oyalties; and otor 1. | | |
| | | | | 5.14 | | 5.17 | | | |
| | | | | Debtor 1 | Crass income from | Debtor 2 | | Cress income | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | me | Gross income (before deductions and exclusions) | |
| Pa | art 3: Lis | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | | |
| 6. | □ No. | Neither De individual puring the No. Yes | ebtor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cre not include to adjustment | ach creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 year | umer debts. Consumer debts Id purpose." d you pay any creditor a tota d a total of \$6,425* or more ints for domestic support oblighis bankruptcy case. s after that for cases filed on | I of \$6,425* or more in one or more payn gations, such as chil | e? nents and th d support a | ne total amount you nd alimony. Also, do | |
| | Yes. | | | r both have primarily consure you filed for bankruptcy, di | | I of \$600 or more? | | | |
| | | No. | Go to line 7 | | | | | | |
| | | □ Yes | include pay | ach creditor to whom you pai ments for domestic support o this bankruptcy case. | | | | | |
| | Creditor | 's Name and | d Address | Dates of payme | nt Total amount | Amount you | Was this p | payment for | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | otor 2 Lisa M Polk-Woolfolk | | Cas | se number (if known) | 18-53850 | |
|-----|--|--|--|---|--------------------------------------|--|
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ge control, or owner of 20% | neral partners; partners or more of their voting | erships of which yo g securities; and ar | u are a general ny managing age | partner; corporations ent, including one fo |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | nis payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | yments or transfer a | any property on a | count of a deb | ot that benefited an |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for th | |
| Par | t 4: Identify Legal Actions, Repossession | | paid | still owe | Include credito | or s name |
| | List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title | cases, small claims action | Court or agency | n suits, paternity a | Status of the | · |
| | Case number | | | | | |
| 10. | Within 1 year before you filed for bankrupt. Check all that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | hed, attached, | seized, or levied? |
| | □ No. Go to line 11.■ Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | Date Value o | |
| | | Explain what happene | ed | | | 1 11 7 |
| | Credit Acceptance Corp. PO BOX 5070 | 2007 Doge Journey | | 08/20 | 118 | Unknown |
| | Southfield, MI 48086 | ■ Property was repossessed.□ Property was foreclosed.□ Property was garnished. | | | | |
| | | ☐ Property was attached | ed, seized or levied. | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details. | | cluding a bank or fir | nancial institution | , set off any am | nounts from your |
| | Creditor Name and Address | Describe the action th | e creditor took | Date : | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | perty in the possess | | | t of creditors, a |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | btor 1 Robert M Woolfolk btor 2 Lisa M Polk-Woolfolk | | Case numb | er (if known) 1 | 8-53850 | |
|-----|--|----------|---|-------------------------------|-------------|--------------------------|
| Par | rt 5: List Certain Gifts and Contributions | 3 | | | | |
| 3. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | ıptcy, | did you give any gifts with a total value of more | e than \$600 po | er person? | ? |
| | Gifts with a total value of more than \$600 per person |) | Describe the gifts | Dates yo the gifts | _ | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 4. | ■ No | | did you give any gifts or contributions with a to | otal value of n | nore than | \$600 to any charity? |
| | Yes. Fill in the details for each gift or co | | Describe what you contributed | Dates yo | oti | Value |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | | contribu | | , |
| Par | rt 6: List Certain Losses | | | | | |
| 5. | Within 1 year before you filed for bankrup or gambling? No Yes. Fill in the details. | otcy or | since you filed for bankruptcy, did you lose a | nything becau | use of thef | t, fire, other disaster, |
| | | Descri | ibe any insurance coverage for the loss | Date of y | our/ | Value of property |
| | how the loss occurred | Include | e the amount that insurance has paid. List pending noe claims on line 33 of Schedule A/B: Property. | loss | | lost |
| Par | rt 7: List Certain Payments or Transfers | | | | | |
| 6. | consulted about seeking bankruptcy or p | repari | id you or anyone else acting on your behalf pa ng a bankruptcy petition? s, or credit counseling agencies for services requ | | | rty to anyone you |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any property transferred | Date pay or transf made | | Amount of payment |
| | Anthony Abueita 703 S Grand Traverse Ave Flint, MI 48502 abueitalaw@gmail.com | | Attorney Fees | 10/08/20 |)18 | \$100.00 |
| 7. | Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y | itors o | | y or transfer a | any propei | rty to anyone who |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date pay or transf made | | Amount of payment |
| | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. | | | | | | | |
|-----|---|---|---|-------------------------|--|---|--|--|
| | ■ No | listed on this statement. | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | Description and va property transferre | | | any property or received or debts change | Date transfer was made | | |
| | Person's relationship to you | | | • | · · | | | |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protes No | | y property to a se | lf-settled tr | ust or similar device o | of which you are a | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Name of trust | Description and va | alue of the prope | rty transferr | red | Date Transfer was made | | |
| Par | rt 8: List of Certain Financial Accounts, Instr | ruments. Safe Deposit | Boxes, and Stora | age Units | | | | |
| | , | , , | , | | | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or | • | | | | | | |
| | houses, pension funds, cooperatives, associa | | | • , | , | , , | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | | Last 4 digits of Type of account account number instrument | | closed, sold, moved, or | | Last balance before closing or transfer | | |
| | | | | tra | insferred | | | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for | bankruptcy, any | safe deposi | t box or other deposi | tory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, | | Describe the contents | | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or | State and ZIP Code) place other than your | home within 1 ye | ar before yo | ou filed for bankruptc | y? | | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | escribe the | contents | Do you still have it? | | |
| Dat | rt 9: Identify Property You Hold or Control fo | ĺ | | | | | | |
| | | | | | - d fue us - eus - et e vive u f | b -ld in torret | | |
| 23. | Do you hold or control any property that some for someone. | eone eise owns? inclu | ide any property <u>y</u> | ou borrow | ed from, are storing to | or, or noid in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | (Number, Street, City, State and ZIP | | property | Value | | |
| Par | rt 10: Give Details About Environmental Infor | , | | | | | | |
| For | the purpose of Part 10, the following definition | ıs apply: | | | | | | |

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Official Form 107

Best Case Bankruptcy

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Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 18-53850

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ☐ Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below. Name **Date Issued**

Part 12: Sign Below

Address

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

unuu haataaaa aam

(Number, Street, City, State and ZIP Code)

Robert M Woolfolk Debtor 1 Case number (if known) 18-53850 Debtor 2 Lisa M Polk-Woolfolk are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Robert M Woolfolk /s/ Lisa M Polk-Woolfolk **Robert M Woolfolk** Lisa M Polk-Woolfolk Signature of Debtor 1 Signature of Debtor 2 Date October 19, 2018 Date October 19, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ☐ Yes

■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

United States Bankruptcy Court Eastern District of Michigan

| In re | Robert M Woolfolk Lisa M Polk-Woolfolk | | Case No. | 18-53850 |
|-------|--|-----------|----------|----------|
| | | Debtor(s) | Chapter | 7 |
| | | * * | • | - |

| 1. | The undersigned is the attorney for the Debtor(s) in this case. |
|----|---|
| | |

| | | STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b) |
|----|----------------------|--|
| | The un | dersigned, pursuant to F.R.Bankr.P. 2016(b), states that: |
| 1. | The un | dersigned is the attorney for the Debtor(s) in this case. |
| 2. | The co | mpensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one] |
| | [X] | FLAT FEE |
| | A. | For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid |
| | B. | Prior to filing this statement, received |
| | C. | The unpaid balance due and payable is |
| | [] | <u>RETAINER</u> |
| | A. | Amount of retainer received |
| | В. | The undersigned shall bill against the retainer at an hourly rate of \$ [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer. |
| 3. | \$ <u>0.0</u> | of the filing fee has been paid. |
| 4. | | rn for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any not apply.] |
| | A. B. C. D. E. F. G. | Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; Representation of the debtor in adversary proceedings and other contested bankruptcy matters; Reaffirmations; Redemptions; Other: |
| 5. | By agr | eement with the debtor(s), the above-disclosed fee does not include the following services: Limitations are Lien avoidances, Redemption Agreements, Garnishment recoveries, Depositions (2004 examinations), and Adversary Proceedings pursuant to the post-petition fee agreement signed by Debtor(s). Also, per the post-petition Fee Agreement - monies collected, if any, from garnished fund recoveries might be used to offset other fees owed to Anthony Abueita and would be reflected on an amended 2016(b) statement. |
| | | Also for Chapter 7 cases only: Debtor(s) have paid a fee, noted above, for all pre-petition services. At the time of the filing of this case, there were no additional pre-petition attorney fees owing. The remaining unpaid balance, noted above, is for post-petition fees only, and subject to the Chapter 7 Post-Petition Fee Agreement. |
| 6. | The so A. B. | urce of payments to the undersigned was from: |

corporation, any compensation paid or to be paid except as follows: October 19, 2018 /s/ Anthony Abueita Dated: Attorney for the Debtor(s) **Anthony Abueita P70755** Anthony Abueita, (P70755) 703 S Grand Traverse Ave Flint, MI 48502 810 235 8669 abueitalaw@gmail.com Agreed: /s/ Robert M Woolfolk /s/ Lisa M Polk-Woolfolk **Robert M Woolfolk** Lisa M Polk-Woolfolk Debtor Debtor

The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or

7.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapt | er 7: | Liquidation |
|----------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

| In re | Robert M Woolfolk Lisa M Polk-Woolfolk | | Case No. | 18-53850 |
|---------|---|--------------------------|----------|---------------------|
| | LIGHT ON WOOHON | Debtor(s) | Chapter | 7 |
| The abo | | TICATION OF CREDITOR | | of their knowledge. |
| Date: | October 19, 2018 | /s/ Robert M Woolfolk | | |
| | | Signature of Debtor | | |
| Date: | October 19, 2018 | /s/ Lisa M Polk-Woolfolk | | |
| | | Lisa M Polk-Woolfolk | | |

Signature of Debtor